



INSPECTION/DUPLICATION OF RECORDS REQUEST

Requestor Instructions: To make a request for copies of public records fill in sections 1-5. Do not sign and date the signature line until the records are received.

Custodian Instructions: For requests to inspect, the **records custodian** is to fill in sections 1-6 and 9. For requests for copies or duplicates, the records custodian is to fill in sections 6-9. Do not sign and date the signature line until the records are delivered to the requestor.

Note: Tenn. Code Ann. § 10-7-503(a)(7)(A) provides that unless another provision in law specifically requires a written request, a request to inspect public records may not be required to be in writing nor can a fee be assessed for inspection of records.

(FRONT)

1. Name of requestor: _____
(Print or Type; Initials of requestor are required for copy requests)

2. Form of identification provided:

- ☐ Photo ID issued by governmental entity including requestor's address
☐ Other: _____

3. Requestor's address and contact information:

4. Request for: ☐ inspection/access ☐ copy/duplicate
 [Previously inspected on _____ (date) Or ☐ inspection waived]

5. Record(s) requested:

- a. Type of record: ☐ Minutes ☐ Annual Report ☐ Annual Financial Statements
☐ Budget ☐ Employee file ☐ other

b. Detailed Description of the record(s) including relevant date(s) and subject matter:

6. Request submitted to: _____
 (Name of Governmental Entity, Office or Agency)

a. Employee receiving request: _____
 (Print or Type and Initial)

b. Date and time request received: _____

c. Response: ☐ same day ☐ Other _____

7. Costs (*if assessed*):

a. Number of pages to be copied: _____ ☐ Estimated

b. Cost

(1) Per page letter or legal sized:

☐ \$_____ (\$0.15) per black and white

☐ \$_____ (\$0.50) per color:

(2) per page other sized or other medium _____

☐ \$_____

7. Costs continued:

c. Estimate of labor costs to produce the copy (for time exceeding 1 hour): _____

☐ Labor at \$_____ /hour for _____ hour(s).

☐ Labor at \$_____ /hour for _____ hour(s).

☐ Labor at \$_____ /hour for _____ hour(s).

d. Programming cost to extract information requested: _____

e. Method of delivery and cost: _____ ☐ Estimated

☐ On-site pick-up ☐ U.S. Postal Service ☐ other: _____

f. Estimate of total cost to produce request: _____

g. Estimate provided to requestor: ☐ in person ☐ by U.S.P.S. ☐ by phone ☐ Other: _____

8. Payment:

a. Form of payment: ☐ Cash ☐ Check ☐ Other _____

b. Amount of payment: _____

c. Date of payment: _____

d. Actual cost (and adjustment if prepaid): _____

9. Date of: ☐ access to records _____ and/or ☐ delivery of copies: _____

Signature of Records Custodian

Date

Signature of Requestor

Date